

3/5/10
 POC accepted
 B. Cavanaugh HFS III

PRINTED: 01/23/20
 FORM APPROVE

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS5600SNF	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/29/2009
NAME OF PROVIDER OR SUPPLIER KINDRED HOSPITAL LAS VEGAS - FLAMINGO		STREET ADDRESS, CITY, STATE, ZIP CODE 2250 E FLAMINGO RD LAS VEGAS, NV 89119		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z 000	Initial Comments This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 12/29/09 in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing. Complaint #NV00023411 was substantiated with deficiencies cited. (See Tag Z230) Complaint #NV00023103 was unsubstantiated. A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included. Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.	Z 000	<i>This Plan of Correction is the center's credible allegation of compliance.</i> <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i> Z 230 a. How the correction(s) will be accomplished for those found to have been affected by the deficient practice: The resident in question was discharged prior to the date of survey. b. How the facility will identify others having the potential to be affected by the same deficient practice: All patients have the potential to be affected. c. What measures you will put into place or what systematic changes you will make to ensure that the deficient practice does not recur: Monthly Physician Orders were reviewed by the Clinical Sub-Acute Director and the DON and checked for	
Z230 SS=D	NAC 449.74469 Standards of Care A facility for skilled nursing shall provide to each patient in the facility the services and treatment that are necessary to attain and maintain the patient's highest practicable physical, mental and psychosocial well-being, in accordance with the comprehensive assessment conducted pursuant to NAC 449.74433 and the plan of care developed pursuant to NAC 449.74439.	Z230		

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If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *J F B...* TITLE Executive Director (X6) DATE 2-12-10

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Z230	Continued From page 1 This Regulation is not met as evidenced by: Based on interview, observation, and chart review the facility failed to ensure the physician's order for a speech evaluation was followed for 1 of 2 residents (Resident # 1). Severity: 2 Scope: 1	Z230	<p>congruency with original telephone orders as well as ensuring they were transcribed accurately to the MAR for the month of February.</p> <p>An in-service reviewing the importance of following physician orders and providing residents with therapy/other specialized services was held for the facility nurses.</p> <p>The 24 Hour Chart check protocol was reviewed and night nurses educated on the importance of ensuring each order was carried through and transcribed accurately. They were instructed to copy all orders for other departments' services and distribute accordingly.</p> <p>d. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur:</p> <p>The unit secretary will review the previous day's orders to ensure 24 hr chart check has been completed. The DON will then review these and follow-up as needed.</p>		

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STATE FORM

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JWW411

If continuation sheet 2

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FEB 12 2010

BUREAU OF LICENSURE AND CERTIFICATION
LAS VEGAS, NEVADA

New Admission charts will be reviewed DON/IDT Team to ensure any therapy orders present upon admission.

These Audits will be performed weekly for 2 months with any findings brought to QA Committee.

- e. The responsible party for accomplishing and/or monitoring compliance with corrective action:

The Director of Nursing, or designee, is responsible for monitoring compliance.

- f. The anticipated date of correction:

2/3/2010

2/3/2010